

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S.C.		9/17/00
O.I.P.E. CLASSIFIER		20	9/19
FORMALITY REVIEW	C.T.C.	JCS 530	10/18-00
RESPONSE FORMALITY REVIEW	L.H.	60:05	10-5-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	9/17/00
2	9/17/00
3	9/17/00
4	9/17/00
5	9/17/00
6	9/17/00
7	9/17/00
8	9/17/00
9	9/17/00
10	9/17/00
11	0
12	0
13	0
14	✓
15	✓
16	0
17	✓
18	✓
19	✓
20	✓
21	0
22	✓
23	✓
24	✓
25	0
26	0
27	0
28	✓
29	✓
30	0
31	✓
32	✓
33	✓
34	✓
35	0
36	0
37	0
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	0
48	0
49	✓
50	✓

Claim	Date
Final	Original
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Claim	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here

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